

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Welleston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence (6808 Melrose Park) /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community life  
years, months or days)

3. (a) PRINT FULL NAME Lillian A. Koch

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William H. Koch  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased January 12 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 18  
If less than one day  
.....hr. ....min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Edward Knoebel  
13. Birthplace unknown Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Knoebel step-mother  
(City, town, or county) (State or foreign country)  
15. Birthplace Providence Rhode Island  
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Koch  
(b) Address 6808 Melrose Park

17. (a) burial (b) Date thereof Aug. 1, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Memorial Gardens

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis, Mo

19. (a) JUL 31 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Welleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6808 Melrose Park  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1941 hour 4:55 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration \_\_\_\_\_

Due to Thrombosis of a cerebral artery.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Louis H. Bopp (M. D. or other) \_\_\_\_\_

Address Kirkwood, Mo. Date signed 7/31/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Coroner  
Louis Bopp  
Kirkwood, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**